

CITY AND COUNTY OF THE CITY OF CHESTER

Medical Inspection of School Children

1955

D. F. MORGAN, M.B., Ch.B., D.P.H. Principal School Medical Officer.





CITY AND COUNTY OF THE CITY OF CHESTER

Medical Inspection of School Children

1955

D. F. MORGAN, M.B., Ch.B., D.P.H. Principal School Medical Officer.



EDUCATION COMMITTEE, 1955

Chairman: ALDERMAN DAVID R. OWEN.

Deputy Chairman: Councillor H. W. Talbott.

COUNCILLOR BERYL O. NIELD.

THE MAYOR.

Miss C. Lowe.

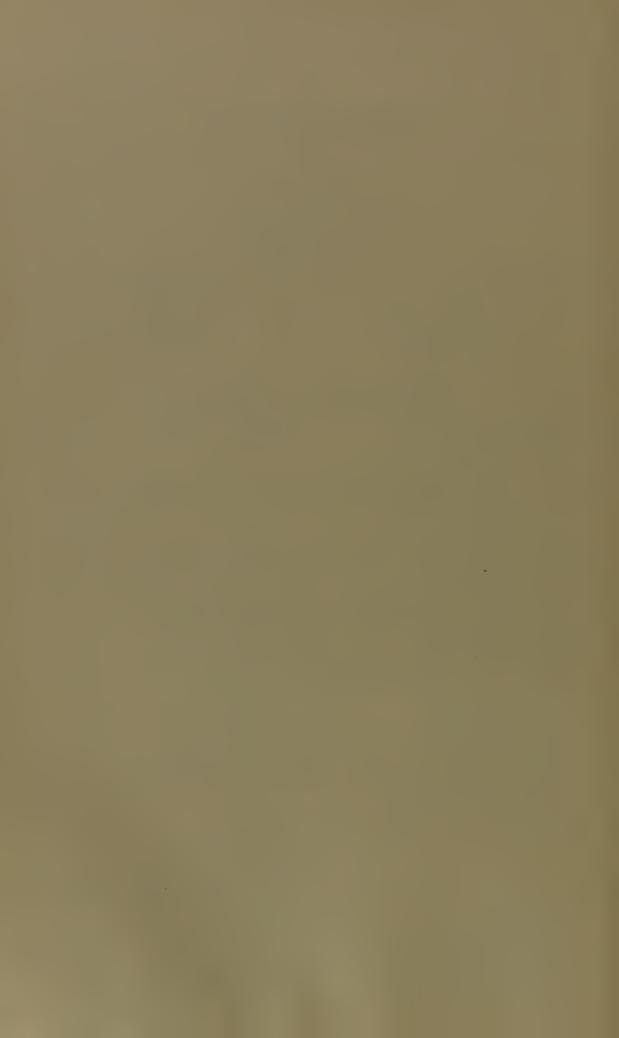
(Commenced 20/6/55).

ALDERMAN C. SCONCE. J. T. Leese. Councillor The Rev. J. C. Corby. E. J. Lawson. Mary Heaney. J. H. Godwin. L. J. Holland. 2 2 EMILY WARING. F. BARKER. 2.2 . . I. H. REECE. . . REPRESENTATIVE MEMBERS: THE VEN. R. V. H. BURNE. L. G. Culshaw, Esq. W. Doran, Esq. REV. W. J. ROBERTS. THE VERY REV. CANNON WELCH. C. RACE, Esq. G. A. CHAPPELL, Esq. STAFF OF SCHOOL MEDICAL DEPARTMENT: PRINCIPAL SCHOOL MEDICAL OFFICER ... D. F. Morgan, M.B., CH.B., D.P.H. Ivy F. Fallon, M.R.C.S., L.R.C.P., D.P.H. Deputy School Medical Officer School Medical Officer ... A. McGregor, B.A., M.B., B.CH. School Medical Officer (Part time) ... Mary Place, M.B., CH.B., D.P.H. (Commenced 4/10/55). W. G. Walsh, L.D.S. Principal School Dental Officer ... Miss D. Coates, L.D.s. School Dental Officer Speech Therapist Miss J. Tullidge, L.c.s.T. School Nurses (Also Health Visitors) Miss B. M. Long Mrs. H. Bradley. (Superintendent). (Resigned 30/9/55). Mrs. M. T. Slater. Mrs. J. Walker. Mrs. M. McGovern. Miss M. W. Wright. Miss M. Hughes. (Commenced 1/9/55). Miss B. Blood. Miss. A. Vaughan Pugh. Miss N. Crammond. Commenced 10/9/55). (Resigned 31/12/55). R. W. Hudson. W. J. O. Lewis. T. A. Chetwood. Clerks (Resigned 31/10/55). Miss. W. A. Davies. (Commenced 3/11/55). Dental Attendants Clinic Clerk Mrs. F. Holmes. Miss M. Ruscoe. (Resigned 31/8/55). (Resigned June 55).

Mrs. G. E. Williams.

(Commenced 1/10/55).

Mrs. F. Owen.



ST. MARTIN'S HOUSE, CHESTER.

TO THE CHAIRMAN AND MEMBERS
OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

The number of Pupils on the School Rolls (except Private Schools) rose from 9,750 in 1954 to 10,157 in 1955, and a corresponding increase in the number of Routine School Inspections and Re-inspections is reported.

Our staff position in the School Medical and School Dental Services was satisfactory. One School Medical Officer attended a course in the Ascertainment of Educationally Subnormal and Ineducable Children. Leave to commence his D.P.H. course was granted to one School Medical Officer whose services were therefore replaced by those of a Locum Tenens.

The finding by Mass Radiography of a case of Pulmonary Tuberculosis in a teacher was followed by an investigation of the contacts. All close contacts were X-rayed but no tuberculosis was found among them.

Late in 1955, a mild outbreak of nausea and vomiting was reported in one school. It was thought that this was of the same nature as similar outbreaks in other parts of the country about that time, which outbreaks were due to a virus infection. Unfortunately it was not possible to discover the causative agent in this outbreak. Steps were taken to improve the Hygiene of School Kitchens and Canteens, and the routine examination of these buildings was commenced under the Food Hygiene Regulations, 1955.

Our Dental Clinic premises were adjudged unsatisfactory and efforts were made to rehouse this service, as well as Speech Therapy and Cleansing of School Children, in other accommodation. The scarcity of centralised accommodation was immediately apparent, nor was it possible to select a site for building.

In the latter part of 1955 we began B.C.G. Vaccination against Tuberculosis for School Children. The assistance of Headmasters, Headmistresses and their staffs was very much appreciated, and enabled us to carry out the first year of this programme with minimum upset or delay. I would like to express my gratitude to them for their great help. 271 School Children were actively protected under this scheme, and an additional 141 were found already to have acquired some immunity. The scheme for B.C.G. Vaccination of School Children is continuous and will be continued each year.

Poliomyelitis Vaccination will be the subject of a new scheme in the 1956 report. Diphtheria immunisation, immunisation against Whooping Cough, and Vaccination against Smallpox are all preventive services which must be continued if these diseases are not to break out in epidemic form.

I am grateful for the stimulus of your most lively interest and counsel in all the activities of the Department, and have the honour to be,

Your obedient servant,

1 ...

D. F. MORGAN,

Principal School Medical Officer.

ORGANISATION AND ADMINISTRATION

The Principal School Medical Officer is also Medical Officer of Health for the City.

Two School Medical Officers are also Assistant Medical Officers of Health.

The Superintendent Health Visitor is Superintendent School Nurse as well as Supervisor of Midwives. Eight School Nurses are employed who are, part time, Health Visitors, and there is one full time Speech Therapist.

The Dental Staff consists of a Principal School Dental Officer,

one School Dental Officer and two full time Dental Attendants.

Two full time Clerks work under the direction of the Chief Clerk in the Health Department.

The Principal School Medical Officer is responsible for the administration of the School Health Service, co-ordination with other departments, as well as for certain clinical duties.

The School Medical Officers carry out the School Medical Inspections, Re-Inspections and examinations in Nursery Schools, as well as Diphtheria Immunisation in the Schools, B.C.G. Inoculations in the Clinic, examinations as to fitness for employment of pupils out of school hours, new School Staff entering from Training Colleges and new entrants to the Teaching Profession.

All new Staff are examined by the Doctors for Superannuation purposes, and Canteen Staffs are specially investigated to exclude carriers

of intestinal diseases.

Hygiene Inspections of pupils in schools are carried out by the School Nurses, Cleansing being carried out when necessary at the Princess Street Clinic.

The School Buildings are reported on by the School Medical Officers. School Canteens and Kitchens are inspected by the Sanitary Inspectors under the Food Hygiene Regulations, 1955. A start was made with the routine examination of all the School Canteens and Kitchens.

GENERAL

There were 29 Schools having 46 Departments in the City.

		No. on Roll
		(Dec. 1955)
Nursery Schools	2	8o
Infants Departments	16)	
	}	6021
Primary Departments	18)	
Secondary Modern	5	2271
Secondary Grammar	2	818
Direct Grant	3	967
	46	10157

The average attendance of pupils in Primary and Secondary Modern Schools was 6708.0 (90.4%). (Last year the attendance was 6708.0; 85.1%).

SCHOOL MEDICAL INSPECTIONS.

SUMMARY OF PUPILS EXAMINED DURING THE YEAR 1955

)	Medical	Inspectio	ons.
				Re-	
School.	Department.	Periodic	Special	Inspect	ion Total
Boughton St. Paul's C, of E.	Junr. & Infts.	48	I	32	81
Victoria Road Council.	Junr. & Infts.	157	_	55	212
Cherry Grove Council.	Boys	56		26	82
	Girls	52		32	84
	Infants	101	3	_	104
Christ Church C. of E.	Junr. & Infts.	35		34	69
Egerton Street C. of E.	Infants	41		13	54
Handbridge St. Mary's C. of E.		127	_	41	168
St. Francis' R.C.	Junr. & Infts.	74	_	36	110
St. Werburgh's R.C.	Boys	34		15	49
	Girls	44	I	23	68
	Infants	103		16	119
Grosvenor St. John's C. of E.	Junr. & Infts.	83	_	21	104
St. Mary's Hill C, of E.	Infants	40		8	48
St. Thomas's C. of E.	Junr. & Infts.	110	_	67	177
Lache.	Junr. & Infts.	182	_	66	248
Newton.	Junr. & Infts.	134	I	28	163
Blacon.	Junior	93		62	155
Westminster Bood C of E	Infants	186	I	34	221
Westminster Road C. of E. All Saints C. of E.	Junior	70	I	57	128 60
	Infants	54		657	
Hoole County Primary.	Junr. & Infts.	104	1	132	237
Secondary Modern Schools.	D			00	
Overleigh.	Boys	152	_	88	240
Love Street, G.	Girls	159		66	225
Hunter Street C. of E.	Girls	79	_	56	135
College C. of E.	Boys	72		52	124
St. Bede's	Boys	57	_	24	81
	Girls	40	_	24	64
Nursery Schools.					
Hilary Haworth.		25		17	42
Boughton.		25	_	10	35
Secondary Grammar Schools.					
City Grammar.	Boys	210		50	260
City High.	Girls	178	_	52	230
Direct Grant Schools.				J	
King's.	Boys	187		22	219
Queen's.	Girls	196		32 61	257
Dee House Ursuline Convent.	Girls	118		30	148
Dec 110ase C152					
TOTALS		3426	9	1366	4801
Figures for 1954		3021	34	1301	4356

CITY HIGH SCHOOL

Numbers E							. =0
Perio		•••	•••	•••		•••	178
Spec Re-it	nspections						52
100 11	поростоть						J
	A	Ge		Condition B		С	
Abovo	Normal		No	rmal		Below No	rmal
	(45%)			(55%)		-	_
			Def	ects			
					Inspections		nspections
				treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin .	,	•••	•••	16	_	_	
Eyes:—							
	Vision	•••	•••	30	_	_	_
(b)	Squint Other	•••	•••	[_	
` ′	Other	•••	•••				
Ears:— (a)	Hearing	,					_
(b)	Otitis Med			_	_		
(c)	Other	•••		2	_	_	
Nose or T	hroat			1	_		
·1					_		_
Cervical G		• • •	• • •				_
	Circulation	•••	•••		I 2		
Lungs Developme	ntole	•••	•••	*	-		
	Hernia						
(b)	Other					_	
Orthopaedi	ic:—						
	Posture			6	_	_	
(b)	Flat Foot	•••		5	_	_	
(c)	Other	•••	•••	4	_	_	
Nervous S							
(a) (b)	Epilepsy Other	• • •	• • •	_		_	
Psycholog		•••	•••				
	Developme	ntal		_	_	_	_
(b)	Stability		•••	I			
Other Def	ects			ΙI	_	_	_
	of Pupils for						
	f Pupils four						
Total nun	nber of individ	dual P	upils i	equiring	treatment	• • • • • • • • • • • • • • • • • • • •	. 69

CITY CRAMMAR SCHOOL

Numbers E	xamined—						
Perio		• • •					210
Speci	als				•••		
Re-in	spections		•••	•••	•••		50
		G	eneral (Condition			
£	A		E	3		С	
Above			Nor 64 (3		i	Below No 5 (2%	
-4- (- 7 70 7			ects		0 (/0	,
			Dei		Inspections	Special To	aspections
				Requiring	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin .			•••	7	I	_	_
Eyes:—							
(a)	Vision	• • •	•••	2 6	6	_	_
(b)	Squint	• • •	•••	1	_	_	_
(c)	Other	•••	•••	3	_	_	_
Ears:	Hearing			I			
(a) (b)	Otitis Med	ia	***	I		_	
(c)	Other		•••		I		
Nose or T				5	I	_	_
~		•••		<u> </u>	_		_
Cervical Gl		• • •	•••			_	
Heart and	Circulation	•••	•••		_	_	_
Ü		•••	•••	4	3	_	_
Developme	ntal:— Hernia			I		_	_
(a) (b)				I			_
Orthopaedi							
	Posture			3		_	
(b)	Flat Floot	,		4	3		 ·
(c)	Other	•••,	•••	3	I		_
Nervous S	•						
(a)	Epilepsy	• • •		_	_	_	_
(b)	Other	• • •	•••	2	2		
Psychologi		1					
(a) (b)	Developme Stability		•••	_			_
Other Defe	•	•••	•••	3	I		
Number o	f Pupils, for	und t	o requ	ire treats	nent for		
	on excluding					• • • •	
Number o	f Pupils for	und 1	to requ	ire treatr	nent for	all other	
	ber of indivi					•••	. 55

KINC'S SCHOOL

				Kii	14433	CHOOL	•				
Numb	ers E	xamineo	l—								
	Perio	odic									187
	Spec		···								_
	Re-ir	spection	ıs								32
				Ce	neral C	ondition					
		A		u c	В			(С		
^		Normal			Norr	nai		Below	Nor	emai	
A		71%)			50 (2				2%)	mai	
	- 55 (7 - 70)						7 (- /0 /		
Defects Periodic Inspections Special Inspections											
						Requiring	Inspections Requiring	Requir		Spectio Requi	
						treatment	to be kept under obs.		nent	to be	
Skin					•••	8	_	_			
Eyes:											
		Vision				22	4	_			
	(b)	Squint	•	•	•••	I	I			_	
_	(c)	Other	•	•	•••	3	1	_			
Ears:		TTopula									
	(a) (b)	Hearin Otitis			•••	I		_			
	(c)	Other	wicuia			I	_				
Nose	or Th	roat	•	•	•••		4				
Speech					•••	7 1	4				
		ands :					_		-		
Heart	and	Circulat	ion .			2	_	_		_	
Lungs		·5				10	5	_			
Develo		ital:—									
		Hernia		· •		_	_	_		_	
	(b)	Other			•••		_	_			
Ortho											
		Posture Flat F		• •		1	I	_			
	(c)	Other		•		7 4	2 I				
Nervo	` '	stem:—				•					
110110		Epileps									
	(b)	Other				I	_	_		_	
Psych	ologic	:al :—									
	(a)	Develo	pment	al	115	2				_	
	(b)	Stabili	ty .	••	•••	I					
Other	Defe	cts		••		I		_		_	
Numb							nent for				22
Numb			Tound		_		ent for		ner		pe -
		itions					•••				51
Total	numb	er of inc	lividua	ıl Pu	pils rec	luiring ti	reatment	• • •.	•••		67'

QUEEN'S SCHOOL

Numbers Examined—												
Periodic						196						
Specials			•••	•••		_						
Re-inspection	• • •	• • •	•••	•••		61						
General Condition												
A		В			С							
Above Normal		Norr 70 (3		1	Below No —	rmal -						
		Defe	cts									
				Inspections	Special In							
			Requiring treatment	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.						
Skin	•••	•••	7	_		_						
Eyes:—												
(a) Vision	• • •.	•• €	41	_	_	_						
(b) Squint	• •	•••		_	_	_						
(c) Other	•••	•••	_	_								
Ears:— (a) Hearing						_						
(a) Hearing (b) Otitis Med	ia.	***	I	_		_						
(c) Other	•••		_	_	_	_						
Nose or Throat			I	_	_							
Speech		,	_	_								
Cervical Glands	•••	• • •	_	_	_	_						
Heart and Circulation	•••	•••	I	_	_	_						
Lungs	•••	•••	3	_	_							
Developmental:— (a) Hernia				_								
(b) Other												
Orthopaedic:—												
(a) Posture	•••		4	I		_						
(b) Flat Foot		• • •	5	_	_	_						
(c) Other	•••	•••	ĭ	_		_						
Nervous System:—						_						
(a) Epilepsy (b) Other			_			_						
Psychological:—	•••											
(a) Developme	nta]				_							
(a) Developme (b) Stability	,				_							
Other Defects	•••	•••	8	_								
Number of Pupils for vision excluding	squint		•••	•••	•••	41						
Number of Pupils for conditions	and to	requir	re treatn	nent for	all other	20						
Total number of indivi												

DEE HOUSE URSULINE CONVENT SCHOOL

Numb	ers E	xamined	_							
. • 411110	Perio									13
	Speci							• • •	•••	-
	Re-in	spection						• • •		:
				Genera	al Cond	lition			С	
		7			В				_	
A	b ove l 57 (4	Normal 48%)			lormal 1 (529	6)	١	Below	Nor —	mal
				E	efects					
						riodic Insp				spection
							quiring be kept der obs.	Requi treati		Requiri to be ke under o
Skin		. , , , , , , , , , , , , , , , , , , ,	•••	•••	2	-	_	_		
Eyes:-										
	(a)	Vision	•••	•••,	36		5			_
	(b)	Squint Other	•••				_	_		
_	(0)	Other		• • •						
Ears:-	— (a)	Hearing	g				_	_		_
	(b)	Otitis		•••			_	_		<u> </u>
	(c)	Other			_	-	_			
Nose	or Th	roat			2	2	I	_		_
Speech		,					_	_		_
		ands		• • •	_	-	_	_		_
		Circulati			1	_	_			_
Lungs		et in	•••							
Devei		ital :— Hernia			_					
	(b)	Other			_					
Ortho	` '									
		Posture	·			r -	_			_
	(b)	Flat F			_		_	_		-
	(c)	Other		• - •	2	-	_	_		_
Nervo		stem:-								
	(a) (b)	Epileps Other			_	_				_
D1.	` ′		•••	• • • •						
Psych		aı:— Develo	nmental							
		Stabilit					_			
Other	` ′	cts	•			7 -	_	_		_
	er of	Pupils n exclud	found	to rec	quire t	reatmen				
Numb		Pupils								
	cond	itions								

OVERLEICH SECONDARY MODERN BOY'S SCHOOL

Numbers Examined—										
Periodic				•••		152				
Specials	• • • •	• • •	•••			<u> </u>				
Re-inspections	• • •			•••	•••	88				
	Gei	neral Co	ndition							
A		В			С					
Above Normal		Norm 62 (41			Below No					
Defects										
Periodic Inspections Special Inspections										
		K t		Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.				
Skin	•	•••	7		*******	_				
Eyes:—										
(a) Vision	•	•••	16		_	_				
(b) Squint			3 2		_					
Ears:—		•••	~			***************************************				
(a) Hearing				_	_	_				
(b) Otitis Media			3	_	_	_				
(c) Other		•••	1	_	_					
Nose or Throat			2	_	_	_				
Speech	•.		1	_	_	_				
Cervical Glands	•	•••	_	_	_	_				
Heart and Circulation Lungs		•••	1	1	_					
Developmental:—	•	•••	+							
(a) Hernia					_	_				
(b) Other			1		-transmitte	_				
Orthopaedic:—										
(a) Posture				_	_					
(b) Flat Foot		•••	2	I						
· /	•	•••	3	I	_					
Nervous System:—										
(a) Epilepsy (b) Other	•		<u> </u>							
Psychological:—	•									
(a) Developmenta (b) Stability	al	•••	<u> </u>	_		_				
Other Defects			2	_		_				
Number of Pupils found vision excluding s	l to	require	treatm	nent for	defective	16				
Number of Pupils found	l to	require	treatm	nent for	all other					
Total number of individua										

LOVE STREET SECONDARY MODERN SCHOOL (CIRLS)

	ers E	xamine			JANI		111 3011		·	
	Perio									159
	Speci									_
	Re-in	spection	ıs	• • • •		•••	•••	•••		66
	1	ł.		Ge	neral C B	ondition		C		
A	bove (Normal			No rn 97 (6			Below I		
	01 (3 ^O /o)			Defe			. (.	/0 /	
					Dele		Inspections	Snecia	l Inspecti	ons
							Requiring to be kept under obs	Requiris treatme	ng Requ	iring kept
Skin	•		•••	•	•••	9	_	_	_	
Eyes:-		.								
	_ /	Vision	••	•	•••	26	_	_	_	
	(b)	Squint Other	•••			2	_	_	_	
Ears:-	` /	0 11101				_				
Lars.		Hearin	g				_	_	_	
	(b)	Otitis				_	_	_	_	
	(c)	Other			•••	1			_	
		roat			•••	3	_			
Speech Cervic					•••		_	_		
		ands Circulati				_		_	_	
Lungs		٠.,				2	4	_	_	
Develo	opmen	tal:—								
		Hernia				_	_	_	_	
	(p)	Other			•••	_		_	_	
Ortho						_				
	(a) (b)	Posture Flat F		•	•••	5		_	_	
	(c)	Other				_	_	_		
Nervo	` '	stem :—	_							
	(a)	Epileps	sy				_	_		
	(b)	Other	٠.			_		_		
Psych										
	(a)	Develo	pmenta	al			_		_	
O41		Stabili				_	_	_	_	
		cts				5			_	
Numb							nent for			26
Numb		Pupils itions			require		ent for		er	22
Total							rcatment			43
						٥.,				Tal

HUNTER STREET SECONDARY MODERN SCHOOL

Numbers Examined—	
Periodic	79
Specials	_
Re-inspections	56
General Condition	
A B C	
7100101111111	1
3 (1 /3/	
Defects	
Periodic Inspections Special Inspect Requiring Requiring Requiring Req	uiring
treatment to be kept treatment to b	e kept er obs.
Skin I — —	
Eyes:—	
(a) Vision 13 — — —	
	ļ
(b) Squint 1 — — — — — — — — — — — — — — — — —	
Ears:—	
(a) Hearing — — — —	-
(b) Otitis Media — — — —	-
(c) Other — — — —	•
Nose or Throat 2 — — —	-
Speech	
Cervical Glands — — — — — — — — — — — — —	
Lungs — — — — —	
Developmental:—	
(a) Hernia — — — —	_
(b) Other — — — —	4
Orthopaedic:—	
(a) Posture — — — —	•
(b) Flat Foot — — — — —	•
(c) Other — — — —	•
Nervous System:—	
(a) Epilepsy — — — —	
(b) Other — — — —	
Psychological:—	
(a) Developmental — — — — — — — — — — — — — — — — —	
6	
other beleets	
Number of Pupils found to require treatment for defective vision excluding squint	13
Number of Pupils found to require treatment for all other	
conditions	14
Total number of individual Pupils requiring treatment	24

COLLEGE SECONDARY MODERN SCHOOL (BOYS)

	EGE SEUC	MUM	(IS 1 IV	ODEKN	SURUC)L (BU1	3)
Numbers E	xamined—						
Perio							72
Spec		•••		•••			_
Re-it	nspections	•••		•••	•••		_
	A	Ge		Condition B		С	
Ahove	Normal		Nor	mal		Below No	rmai
	72%)		20 (2			0 (0%	
5 (, , , , ,			ects		, , ,	,
			Dei		Inspections	Special I	nspections
					Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin .		•••	•••	2	_	_	_
Eyes:—							
	Vision	• • • • >	115	9	2	_	_
(b)	Squint	•••	• • •		_	_	
(c)	Other	•••	• • •		_	_	_
Ears:—	**						
(a)	Hearing Otitis Med	···	•••	1 1			_
(b)	Other Other						
Nose or T			•••	2	_		
G 1		•••			_		_
Cervical G					_		
Heart and	Circulation	• • •,		I	_	_	_
Lungs .			•••	_	_	_	_
Developme							
· /	Hernia	· • •			_	_	_
(b)	Other	•••	•••	I	_	_	_
Orthopaedi							
(a) (b)	Posture Flat Floots	•••		_			
(c)	Other		•••	2 I		_	
Nervous S							
	Epilepsy			_			
	Other			_	_	_	
Psychologi	cal:—						
	Developme	ntal		_	_	_	_
(b)	Stability	,	• • •	_	_		_
Other Defe	ects			_	_	_	_
	f Pupils for						
	f Pupils for						
cone	ditions						. 11
Total num	ber of individ	lual P	upils re	equiring t	reatment		19

ST. BEDE'S SECONDARY MODERN SCHOOL (BOYS)

ST. BEDE'S SEC	ОИП	ARY	MODER	IN SCH	OOL (BO	DYS)
Numbers Examined—						
Periodic			•••	• • •		c '7
Specials		• • • • • • • • • • • • • • • • • • • •		•••	•••	57
Re-inspections				•••	•••	. 24
*						
	Ge		Condition	l		
A		I	3		С	
Above Normal		Nor	mal		Below No	rmal
41 (72%)		16 (1	8%)			
		Def	ects			
				Inspections	Special I	nspections
		Ĭ	Requiring	Requiring	Requiring treatment	Requiring to be kept
			creatment	under obs		under obs.
Skin	• • •	***	5	_	_	_
Eyes:—						
(a) Vision	•••	•••	5	_		
(b) Squint (c) Other	•••	•••	I		_	
`	•••	•••	_		_	_
Ears:—						
(a) Hearing	•••	•••	I			_
(b) Otitis Media	l	•••	_			_
` '	•••	•••	_	_	_	_
11000 01 = 111 1111	•••	•••	I	_		
	••	•••			_	_
	•••	•••	_			
	••	***	I I		_	
0	••	•••	•	•		
Developmental:—						
(h) Other	••	•••		_	_	
` '	••	•••				
Orthopaedic:—						
7 c	• •	•••	_	_		
(b) Flat Foot . (c) Other .	••	•••	I I	_		_
· /	••	•••	•			
Nervous System :—						_
(a) Epilepsy . (b) Other .	••	•••			_	
· /	••	•••				
Psychological:— (a) Development	- 1		т.	_		
(L) C4-1-114	-a1	•••	<u> </u>	_		
· · · · · · · · · · · · · · · · · · ·		•••	7		_	
•		···	I			
Number of Pupils found						
vision excluding s						5
Number of Pupils found	d to	require	treatm	ent for	all other	
conditions		3.44	_ • • •1	e-9 (e		ΙΙ
Total number of individua	al Pup	oils req	uiring tre	eatment	•••	15

ST. BEDE'S SECONDARY MODERN SCHOOL (CIRLS) Numbers Examined— Periodic 40 Specials Re-inspections 24 **General Condition** B A **Below Normal** Normal **Above Normal** 18 (45%) 22 (55%) Defects Periodic Inspections Special Inspections Requiring Requiring Requiring treatment to be kept treatment under obs. Requiring to be kept under obs. treatment Skin . . . Eyes:-(a) Vision 7 (b) Squint 2 (c) Other Ears:— Hearing (a) (b) Otitis Media (c) Other Nose or Throat ... Speech Cervical Glands ... Heart and Circulation Lungs . . . Developmental:— (a) Hernia (b) Other Orthopaedic:-(a) Posture (b) Flat Foot . . . (c) Other Nervous System :— (a) Epilepsy (b) Other , . . Psychological:— (a) Developmental Stability (b) Other Defects . . . 2 . . .; Number of Pupils found to require treatment for defective vision excluding squint 7

Number of Pupils found to require treatment for all other

I 2

Total number of individual Pupils requiring treatment ...

conditions

STATISTICS OF MEDICAL INSPECTION IN PRIMARY AND SECONDARY SCHOOLS

TABLE I

A. The number of children examined in age groups:-

(1)	Number of inspections—entrants		,	1091
	Number of inspections—2nd age grou	ıp		813
	Number of inspections—3rd age grou	ıp		1472
	Total number examined	•••		3376
(2)	Number of other periodic inspections			50
	Gran	id Total		3426

B. Other Inspections.

Number of Special Inspections	 • • •	• • •	•••	9
Number of Re-inspections	 	•••		1366
		Total		1375

C. Pupils found to require treatment.

	For defective vision (exc. squint)	For any other condition	Total Individual pupils
Entrants	16	234	238
Second age group	105	177	264
Third age group	2 33	271	464
Total (prescribed groups)	354	682	966
Other periodic Inspections	_	10	10
Grand Total	354	692	976

TABLE II

A. Defects found by Medical Inspection in the year ended 31st December, 1955.

Defect or Disease.			Periodic Inspections.		Special Inspections		
				No of I	Defeets.	No. of	Defects.
				equiring eatment.	Requiring to be kept under obs but not requiring treatment.	Requiring treatment.	Requiring to be kept under obs. but not requiring treatment.
Skin		• • •	•••	170	7	3	_
Eyes:—					,		
(a) Vision			354	22	31	_
(1:) Squint		•••	39	17	_	_
(c	e) Other	• • •	•••	62	6		
Ears:—							
(a) Hearing			9	4	_	_
(b) Otitis Med	dia		13	5	_	_
(0	c) Other		•••	5	3		_
Nose or	Throat	•••		1 28	140	2	_
Speech	, ,		•••	20	I 2	I	_
Cervical	Glands	•••		6	9	_	_
Heart ar	d Circulation			I 2	19	I	_
Lungs		•••	•••	59	72	_	_
Develop	nental:—						
(a) Hernia		•••	7	3		 -
(b) Other			5	5	_	_
Orthopae	edic:—						
•) Posture			35	18	_	_
(t) Flat Foot			54	39	_	_
(c) Other		•••	42	32	I	
Nervous	System:—						
) Epilepsy	•••	,	2		I	_
•) Other	•••	•••	8	10	_	_
Psycholo	gical:—						
-) Developme	ental	•••	5	8	I	_
) Stability		•••	II	7		_
Other D	efects	•••	•••	121	25	_	_

B. Classification of the General Condition of Pupils inspected during the year in Age Groups.

	Above Normal	Normal	Below Normal	No. In- spected
Entrants 2nd age group 3rd age group Other periodic	577 (52%) 412 (51%) 851 (58%)	504 (47%) 396 (49%) 611 (41%)	10 (1%) 5 (0%) 10 (1%)	1091 813 1472
Inspections	42 (84%)	8 (16%)	0 (0%)	50
Total (1955)	1882 (55%)	1519 (44%)	25 (1%)	3426
1954 Figs	1773 (59%)	1207 (40%)	41 (1%)	3021

There are no fixed standards for grading pupils into the categories "Above Normal", "Normal" and "Below Normal" and different examiners will vary a little in their classification.

Nevertheless, the low percentage of Subnormal Children is most satisfactory. The relatively high percentage of "Above Normal" pupils in the third Age Group is associated with their development about this age.

Schools Meals and Milk.

I am indebted to the Director of Education for the following figures relating to a day in September, 1955. (Figures for 1954 in brackets).

1055 (1054)

Number of pupils in Primary Schools taking dinners:	Number	pupils in Primary Schools to	aking dinners:—
---	--------	------------------------------	-----------------

	Free On Payment						(72) (2090)
						2429	(2162)
Number of	pupils in Second	lary S	chools	taking	dinners:-	_	
(a) (b)	Free On Payment						(1954) (43) (1680)
						1845	(1723)
Number of	pupils in Nurser	y Scho	ools tak	ting din	iners	1955 63	(1954) (71)
Number of	pupils in Nurser pupils in Primar pupils in Second	y Scho	ools wh	o take	Milk	5188	(68) (4994)

School Kitchens and Canteens.

(a) The following Schools have combined Kitchen and Dining Rooms:—

City Grammar School, City High School, College School, Hunter Street, Overleigh, Blacon, Cherry Grove, St. Bedes, Blacon Infants and Newton, the Nursery Schools at Boughton and Hilary Haworth.

(b) School Canteens in the following Schools are provided from Central Kitchens:—

Love Street, Blacon (Infant Annexc), Handbridge, Hoolc County Primary, Lache, St. John's, St. Mary's Hill, St. Paul's, St. Francis', Love St. Roodcc, Highfield Junior.

(c) Canteens also cater for the following pupils:—

Egerton St., Christ Church, St. Werburgh's, Victoria Rd. and St. Thomas's.

School Hygiene and Cleanliness.

The following Schools at 31st December, 1955, had no running hot water system: 9 Primary and 2 Secondary Modern.

There was crunning hot water in 17 Primary, 2 Nursery and 8 Secondary Schools. None of the Hoole Schools were supplied with a hot water system.

Progress was being made with the provision of these facilities, but the older type of School presented difficulties.

TABLE III
INFESTATION WITH VERMIN

No. of Examinations made No. of Individuals found	1951 13408	1952 11663	200	1954 14326	1955 15997
infested No. of Cleansing Notices	362	437	584	431	578
(Scc. 54 (2)) No. of Cleansing Orders	97	147	98	107	136
(Sec. 54 (3))	25	53	33	59	49

Examinations were made each term in all Maintained Schools.

Compulsory Cleansing was carried out at the Clinic, Princess Street. It is hoped that when new Clinic Premises are obtained, better facilities will be available for this Service.

VACCINATION AND IMMUNISATION

The duties of the Local Health Authority under the National Health Service Acts regarding Vaccination and Immunisation are carried out by both General Medical Practitioners and, by the Medical Officers of the Authority, and it has been the practice for the Medical Officers to take advantage of the facilities offered in the Clinics (Infant Welfare and Minor Ailments) and the Schools.

Vaccinations.

Infants 1—2 years 2—4 years 5—14 years 15 and over		1951 174 153 60 58 57	1952 246 22 29 27 25	1953 248 20 19 36 28	1954 285 26 22 36 41	1955 159 170 31 28 47
Total		502	349	351	410	435
Re-vaccinations	•••	100	94	89	91	160

Immunisation against Diphtheria.

A full report is given in the Annual Report of the Medical Officer of Health.

The number of Children (all ages) immunised and re-immunised by the Medical Officers was:--

Immunised Re-Immunised d (Booste: Doses) Total No. of Children protected each year	1951 420	1952 626	1953 576	1954 726	1955 566
	531	676	965	893	1044
	951	1302	1541	1619	1610

It is not possible to give an accurate percentage of Children at any one time who are protected against Diphtheria because of the varying degree of immunity which each child will have from injections in previous years.

It is, however, encouraging to note the gradual upward trend of both Vaccinations and Immunisations in recent years.

Whooping Cough Immunisation.

Where the parent requests, this form of Immunisation can be given either separately or combined with Diphtheria Immunisation.

Three injections are necessary to give maximum protection.

B.C.C. Vaccination against Tuberculosis.

Under the Ministry of Health Scheme for Vaccination of School Children against Tuberculosis, pupils between their 13th and 14th birthdays may be immunised. The Ministry of Education requested the Authorities to assist, and it was possible in Chester to make a start in The scheme continues from year to year as pupils reach their 13th birthdays. The results of B.C.G. Vaccination in other countries have encouraged us to adopt it in this country.

To minimise interference with School Programmes, B.C.G. Vaccination was carried out at the Central Clinic, St. Martin's House on'y. on Tuesday and Friday mornings. Excellent progress was made with the vaccinations, in spite of a belated start, and immunisations were

completed before the end of the year,

The scheme is detailed elsewhere, but briefly it consists of, first, a skin test to discover which children are still susceptible to tuberculosis. Those already "immune" (Mantoux positive) do not need vaccination: those not yet "acquainted" with tuberculosis toxin (Mantoux negative) were vaccinated by giving a very small and very carefully graded dose of B.C.G. into the skin of the arm. This has been found sufficient in almost all people to convert them from Mantoux Negative to Mantoux Positive.

Apart from slight redness of the injected area, most pupils suffered no ill effect at all. The normal care of the injection must be taken as with vaccination against Smallpox, in infancy. One pupil developed superficial ulceration, which cleared very rapidly with the prescribed treatment.

Estimated number of Pupils of this age—843

	Boys	Girls	Total
No. of Pupils attend for B.C.G	177	235	412
No. of these Mantoux Positive	60	81	141
No. of these Mantoux Negative	117	154	271
No. who actually received B.C.G	117	154	27 I
The true value of B.C.G. will show itself	f in futu		

true value of B.C.G. will show itself in future years.

NOTIFIABLE INFECTIOUS DISEASES

The following notifications were received, the figures in brackets give the numbers between the ages of 5 and 15 (School years):—

			1951	1952	1953	1954	1955
Measles	•••	•••	455 (181)	124 (59)	375 (175)	306 (194)	77 ² (601)
Whooping Coug	h		175 (44)	128 (41)	127 (55)	102 (42)	(98)
Scarlet Fever	•••1		45 (25)	28 (19)	20 (13)	24 (19)	14 (9)
Pneumonia		•••	² 5 (2)	28 (5)	21 (0)	²⁵ (2)	29 (5)
Erysipelas	•••		4 (1)	6 (o)	2 (I)	6 (o)	(o)
Food Poisoning		•••	6 (1)	10 (3)	48 (11)	3 (1)	5 (1)
Meningococcal I	nfection		3 (1)	4 (o)	3 (o)	3 (1)	5 (o)
Poliomyelitis (Pa	aralytic)			2 (1)	9 (2)	2 (0)	5 (2)
Poliomyelitis (No	on - Paral	ytic)	$\begin{pmatrix} 3 \\ (0) \end{pmatrix}$		2 (2)	(I) I	(o) 1

(Other Infectious Diseases not applicable to children are not given).

There was a dramatic increase in the numbers of Measles cases. The infectivity of the disease in its earliest stages—before the rash appears—is undoubtedly responsible for the rapidity of the spread. Efforts by the Department to prevent the spread were made less effective by the action of thoughtless parents who allowed their children, while infectious, to mix with others. It is an offence thus to expose others to the risk of infection. Such lack of care may cause severe injury to the health and faculties of another child.

Other Infectious Diseases not notifiable (Mumps, Chicken Pox, etc.) are not recorded because of unreliability of statistics.

TREATMENT OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS

Table II (q.v.); gives a list of defects requiring treatment, and requiring observation, which were found at School Medical Inspections.

Specialist Treatment is provided at the Hospital Clinics, and the fullest co-operation is maintained between the specialists and the Department.

Arrangements were made with the General Medical Practitioners for referring cases to these Clinics were in existence so that pupils were treated with minimum delay. Defects found at School Medical Inspections were reported both to the parents and to the pupil's own General Medical Practitioner.

Croup 1. Skin Conditions.

During School Terms, Clinics attended by School Nurses were open (a) at St. Martin's House, (b) at Lachd Primary School, and (c) at 55, Hoole Road. The last-named was closed in 1955 because so flew

The attendances at the Clinics during the year, and at other Clinics (e.g. Hospital) for skin conditions was:—

			House St. Martin's		Other Clinics (e.g. Hospital)
Ringworm					
			_		_
(b)	Scalp Body		_		3
~		•••		—	5
Impetigo			33	37	16
Other Skin	Conditi	ons	51	4	43
			84	41	67

Croup 2. Eye Diseases, Defective Vision and Squint.

The arrangements for pupils to be examined at the Royal Infirmary continued. Appointments were made by the pupil's own General Medical Practitioner or through the School Health Service.

Safety lenses for pupils suffering from Epilepsy and such com-

plaints, were provided in necessary cases.

ORTHOPTIC TREATMENT:-

		1952	1953	1954	1955
Number treated		351	422	325	304
Number of treatments	• • •	1654	1561	1606	2232
Operations for Squint		12	12	31	46
External Eye Conditions		179	105	58	42
Number of Refractions done		1 37	178	264	274
Number of Pupils for whom	Spec-				
tacles prescribed		158	167	262	² 53

Group 3. Ear, Nose and Throat.

There is a weekly Clinic at Chester Royal Infirmary to which pupils are referred by their own Medical Practitioner or through the School Health Service.

OPERATIVE TREATMENT:—

	1951	1952	1953	1954	1955
(a) Diseases of Ear	8	5	8	10	13
(b) Adenoids and Chronic					
Tonsillitis,	195	242	223	266	202
(c) Other Nose and Throat					
Conditions	I 2	6	9	9	6
Other forms of Treatment	584	388	148	39	97

Group 4. Orthopaedic and Postural Defects.

All Orthopaedic cases were treated at the Clinics at the Royal Infirmary and were referred by their own Doctors or through the School Health Service.

	1951	1952	1953	1954	1955
Number treated in Hospital	20	2 I	21	20	23
Number treated in Clinics (Out-					
Patients)	171	175	205	272	254

Group 5. Child Guidance.

There is no Child Guidance Clinic in the City, and cases are referred to the Notre Dame Child Guidance Clinic or the Child Psychiatric Clinics in Liverpool.

It is to be hoped that when the new Out-Patients' Department projected (and much needed) at the Royal Infirmary is opened, there will be room for Child Guidance cases in connection with the Child Psychiatric Clinics.

The distance to the Clinics in Liverpool is a very great drawback in the successful treatment and follow-up of these cases, and must

materially affect the prospect of good results.

When such arrangements are made, I anticipate a much greater number of pupils will be able to avail themselves of treatment and guidance. It will be possible to treat the minor conditions which are often symptomatic of more deep seated trouble. Preventive work will be possible on a much greater scale. The relatively minor symptoms such as "stammer, nail biting and thumb sucking, Enuresis, temper tantrums, bad habits, aggressiveness, truancy and petty pilfering", are often signs of disturbance which may right themselves spontaneously over a period, but which may progress to more serious disorders—In all such cases, help is necessary to parent and child, and the value of Child Guidance has been proved over the past 20 years.

The numbers of pupils receiving treatment were:-

1951	1952	1953	1954	1955
I	I 2	13	13	13

Croup 6. Speech Therapy.

The Clinic at St. Martin's House is open daily by appointment. The Speech Therapist visits Schools where accommodation permits, to give Group Therapy. The homes are also visited in cases where attendance has slackened. Co-operation with the Head Teachers and Doctors has made it possible to continue effectively the treatment of difficult cases.

It is hoped that when future Clinic accommodation is planned, a more convenient site for this Clinic than at St. Martin's House will be chosen.

The Speech Therapist reports for 1955 and figures for previous years are as follows (1951 was the first year a full-time Therapist was employed):—

	1951	1952	1953	1954	1955
No. of attendances for treatment	814	1701	1424	2037	2002
No. of pupils who completed treatment	16	25	16	45	35
No. of pupils who left school or district	I 2	7	11	6	5
No. referred for review	2	15	5	6	14
No. who refused treatment	5	4	О	0	0
No. of defaulters	20	21	4	5	I
No. examined	52	115	42	85	83
No. awaiting treatment	14	I	9	8	ĭ
No. awaiting examination	3	О	8	6	I

Group 7. Other Treatment.

- (a) Heart cases (new) (treated in Hospital) 8
- (b) Re-examination of Heart cases (in Hospital) 60
- (c) Minor Ailments (see below) (in L.A. Clinics) 1342

The Minor Ailments Clinics.

After the extension of the City Boundary on 1st April, 1954, to include Hoole U.D., the Minor Ailments Clinic at 55, Hoole Road was continued by the City Authority. Later on, closure of this Clinic was decided upon, owing to there being few patients.

The skin conditions treated in these Clinics and at the Hospitals have already been given (Group 1). The following conditions were treated at the Clinics at St. Martin's House and Lache School:—

Skin conditions							164
Ear conditions (non-operations)	ative)						8
Nose conditions (non-ope)					4
Uncleanliness of Head	•••				• • •,		447
Uncleanliness of Body							
External Eye conditions					!		42
Sight testing		,			(30
Miscellaneous	•••		•••	•••			1342
D. I			B-1079				
Re-Inspections	•••	•••	•••	•••	•••	•••	2055
Total Attendances for tre	eatmer	n t					4000
Total Tittemdances for the	Cating	AL	•••	•••	•••	•••	4099

The Minor Ailments Clinics are staffed by School Nurses. At the Central Clinic (St. Martin's House) a Medical Officer is available on call.

HANDICAPPED PUPILS

Ascertainment.

The Ascertainment of all Handicapped Pupils is the duty of the Medical Officers, all of whom carry out this work for all Categories except the Educationally Subnormal and Ineducable Pupils. The Principal School Medical Officer and the Deputy Medical Officer have been trained and approved for this particular purpose, and both have recently had Refresher, Courses in the subject. The Assistant Medical Officer has been similarly approved.

In order to allow the maximum time for School Medical Inspections during term, Handicapped Pupils are usually examined during holidays, except when special conditions demand more immediate attention.

The Categories of Handicapped Pupils were amended by the School Health Service and Handicapped Pupils Regulations of 1953 (and the amending Regulations of 1954). Only those pupils for whom special Educational Treatment of some sort is necessary are registered as Handicapped. There are many other pupils who have handicaps but can respond without disadvantage to normal schooling. These pupils must necessarily be kept under observation and re-examined from time to time.

(a) Blind Pupils.

Two Pupils are registered and satisfactorily placed.

(b) Partially Sighted.

One Partially Sighted Pupil is registered and placed in Special School.

(c) Deaf.

The total number of Deaf Pupils (at 31st December, 1955) was 11, one of whom was awaiting Special School.

- (d) Partially Deaf.
 - 5 Pupils are in Special Schools. None is waiting for a place.
- (e) Educationally Subnormal Pupils are pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education. This is, by far, the largest group of handicapped pupils. Twelve were in Special Schools and 11 others were awaiting places at the end of the year. There are many other children who were temporarily retarded or retarded in one (or more) of the main educational subjects (reading, writing, number work) for whom some special treatment was necessary.

During 1955, a further 20 pupils were ascertained and found to require Special Educational Treatment in an ordinary school. 14 retarded pupils were found to require placing in Special Schools. Before recommending Special School, a full investigation into home circumstances is made. There is, unfortunately, no Special School for retarded pupils in Chester and advice about the benefits and necessity for such schools appears to vary between different Authorities. It is not sufficient, however, simply to provide Adjustment Classes for these pupils, as one may do for pupils temporarily retarded by illness or absence from school. E.S.N. pupils must have some permanent form of special education suited to their intellectual capacities, and into which they can be fitted throughout their school life.

The stream system of some of the Secondary Schools answers the need in part, provided that there are sufficient streams to cater for the lower grades of intellect. By proper tuition at such levels, we may hope to avoid the absurdity of having pupils leave Secondary School, unable to read or write properly.

(f) Epileptic Pupils.

One was awaiting admission, and one was in a Special School. The lack of Special Schools for this group occasionally gives rise to great difficulty in placing them.

Independently run Schools are not inclined to allocate their few places to pupils who show anti-social trends (as Epileptics sometimes do) or who have a second, though less important, defect—such as educational subnormality.

It is to be noted that not all children who suffer from Epilepsy must be Registered as Handicapped, but only those who cannot be educated under the normal regime of ordinary school without detriment.

(g) Maladjusted Pupils who showed evidence of emotional instability or Psychological disturbance requiring special educational treatment are registered. Quite often, a child will suffer temporarily from these disabilities, and may be adjusted by Child (and Parent) Guidance and such children need not be registered. The home circumstances are of great importance. Before registration, therefore, especially in this category, we have had the advice of specialists at the Child Guidance Clinics. Most young children are very readily adaptable, and maladjustment in these tender years is usually caused by something in the child's environment,

rather than by some "vicious" or "anti-social" streak in the child's personality.

The Clinic treatment of Maladjustment is reported in "Group 5.

Child Guidance" under the previous heading.

Occasionally, a child may grow to become so badly adjusted and anti-social that it is necessary to remove him (her) from his environment and send him to a Special Residential School. We must be very closely guided by the Child Psychiatrists before such

a step is taken.

It is as well to remember that "spare the rod and spoil the child" is sometimes true. We have not advanced from the state when a little judicious corporal punishment engenders in us a feeling of shame and of having "deserved it"—and this usually produces a certain cure for our misdemeanours. It is now recognised that the idea "do as you please"—especially in school—tends to bring out the worst, and not the best, in us. Discipline with restraint, and physical punishment with restraint are still the best and simplest methods of training, even though modern psychiatry points the way to the cause and, therefore, the cure of the fault.

Three children were registered in 1955 and two were awaiting places at the end of the year.

(h) Physically Handicapped.

Four Pupils were in Special Schools at the end of the year, five waiting for places.

(i) Speech Defect.

Although many pupils had Speech Defects, these were being dealt with by the Speech Therapist and no other form of Special Educational Treatment was necessary.

(j) Delicate.

No Pupils were in Special School and none was waiting for

placing.

This category includes those pupils who do not come under other categories and needed Special Educational Treatment because of impaired physical condition.

Ineducable Children

Because of the far-reaching effects of notification to the L.H.A. under Section 57(3) of the Education Act, and because a number of parents had exercised their right to appeal to the Minister against notification, I again outline the procedure which is adopted.

The School Medical Officers have attended Courses arranged by the National Association of Mental Health in conjunction with the Extra Mural Department of the University of London, and have had Refresher Courses. They are approved for the Ascertainment of Educationally

Subnormal and Ineducable Children.

It is usual to defer ascertainment until the child has reached school age and, preferably, has had a chance of Education in School. (Usually this means a normal school, but where Special (Boarding) School is indicated, this is recommended). Such procedure is not

necessary with a grossly retaided child in whom the disability of mind is obvious. Border-line cases present difficulty. Re-testing over a period is the rule, and then, if the case is still in doubt, the pupil is referred to the Consultant. It is encouraging to note the uniformity of results obtained when children are re-tested. An error of 5 per cent. above or below the actual is regarded as the normal experimental error.

In addition to the results obtained at the examination (which comprises a full physical, as well as environmental and Intelligence Assessment), the Medical Officer has reports from the School (3 H.P.) with examples of the work done by the pupil. Reports from Doctors and Specialists are often available. The case is then considered, with all this information at the disposal of the Medical Officer. The assessment of the Intelligence is done on Scales approved by the Ministry of Education, and includes not only a "verbal response" test, but performance tests as well.

If it is decided that the child cannot benefit from education in school—normal or special—by reason of limited intellectual ability, the parent is informed of this and also of the implications of the recommendation. Most parents are afraid that such children will be "put in an Institution" and care is taken to explain that such a course is (normally) impossible.

If the child is not of school leaving age, the parent may appeal

against such a decision.

When a child has been notified to the Local Health Authority as being "ineducable" on these grounds, it is our practice to re-test the child time and time again to see whether at any time thereafter such a notification might be cancelled under the provisions of Section 8 of the Education (Miscellaneous Provisions) Act, 1948, thus allowing the child to attend school again. This testing is most conveniently done at the Occupation Centre. It has been found possible to recommend one such cancellation in recent years, but such cases will, of course, remain rare.

Modern medical treatment was at one time thought to have an appreciable effect on the mental ability of retarded children, but subsequent experiment has not supported this, except in the case of Thyroid Deficiency where the Cretin child may be vastly improved if treatment is started early in life and continued.

Therefore in assessing a child's mental ability, great care must be exercised to discover whether the cause of retardation is one which might respond to medical treatment and render notification as Ineducable unnecessary. For this reason, advice of the Consultant Pediatrician is often obtained.

It is not difficult to appreciate the anxiety which a parent suffers when told that the child cannot be educated at school because of limited mental ability, and although the provision of an Occupation Centre by the Local Health Authority has helped very greatly, the parents feel acutely the "stigma" of mental retardation in their children. Maternal protective instinct is enhanced, as such children will always—in our present state of medical knowledge—be dependent.

A disability of mind, though comparable to a disability of body (such as loss of a limb, hearing or sight) is one for which we I now of no curative treatment (except in Cretinism), and we must therefore aim at

the best development of those faculties which the child possesses.

While the Intelligence Quotient is a useful measure of the degree of the intellectual development of a child, it is realised that this does not, by any means, give a complete picture of a child's mental abilities. No child should be called "Ineducable" as a result of one Intelligence Test alone. Social and Emotional factors must be taken into consideration, as well as the effect of prolonged absence from school. Moreover, there is no figure below which a child is ineducable, above which he is educable. Nor does there appear to be a very satisfactory definition of what we mean by "educability", for even the lowest grades are capable of learning something. Such lack of definition, however, need concern us as little as our lack of definition of "life" and "death".

EMPLOYMENT OF SCHOOL CHILDREN

The Medical Officers examined 103 pupils during 1955 to ascertain their fitness for employment out of school hours. Certificates were granted in 103 cases.

CO-OPERATION WITH PARENTS

It is a tribute to our School Medical Service to record that during 1955 the number of parents present at the Periodic (Routine) Inspections was 1,747, representing 50.99 per cent. of the pupils examined.

MINISTRY OF EDUCATION CIRCULARS 248 and 289

The Medical Officers examined 28 people as Entrants to the Teaching Profession or to Training Colleges. In each case, X-Rays were arranged, generally at the Mass Radiography Unit of the Liverpool Regional Hospital Board.

The Mobile Mass Radiography Unit visited the City in 1954—5 to examine all those classes of teachers and employees of the Corporation whose work entailed close contact with children. (See Annual Report of

Medical Officer of Health).

EXAMINATION OF OTHER STAFF

The following examinations were made during the year:-

Canteen Staff	 		 60
Cleaners	 •••	•••	 13
Caretakers	 • • •		 3

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT, 1955

The Principal School Dental Officer reports, inter alia:—

Dental caries is the most widespread disease known to mankind and the object of the School Dental Service is to secure that as many pupils as possible leave school with healthy mouths and dentitions of good appearance.

I am pleased to report that for the first time for many years all

Primary and Secondary Modern Schools were examined.

A comparison of the statistics with those of the previous year show in most cases increases but, to a great extent, this is because there has been no loss of time during the past year owing to sickness. It has been said that the medical profession, including the dental profession as an integral part, is the only profession doing its utmost to abolish itself.

School dentistry is the only organised scheme planned with the utmost care to deal with dental caries in School Children.

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the De			
(a) Periodic Age Group (b) Special	1955 7289 778	(1954) (4935) (784)	(1953) (5852) (604)
Total	8067	(5719)	(6456)
 (2) Number found to require treatment (3) Number referred for treatment (4) Number actually treated 	4708 4708 2454	(3448) (3448) (2264)	(3469) (3469) (2338)
	5344	(4835)	(4470)
(6) Half-days devoted to: Inspection Treatment	66 8 ₃₄	(47) (759)	(54) (711)
Total	900	(806)	(765)
7D .1	3421 123	(3067) (291)	(2169) (565)
Total	3544	(3358)	(2734)
T 1	3069	(28 ₄₅) (279)	(2022) (546)
Total	3191	(3129)	(2568)
(9) Extractions:— Permanent Teeth Temporary Teeth	886 3124	(751) (2445)	(772) (2650)
Total	4010	(3196)	(3+22)
	1587	(1384)	(1383)
(11) Other operations:— Permanent Teeth, Temporary Teeth,		(1455) (182)	(1361) (353)
Total	2086	(1637)	(1714)

CLINICS MAINTAINED BY THE LOCAL AUTHORITY

Minor Ailments:—
CENTRAL CLINIC ST. MARTIN'S HOUSE Mornings
SCHOOL CLINIC LACHE SCHOOL Mornings
Speech Therapy:—
CENTRAL CLINIC ST. MARTIN'S HOUSE
SCHOOL CLINIC
Thursday: morning
SCHOOL CLINIC NEWTON
Thursday: afternoon
SCHOOL CLINIC LACHE
Friday: afternoon
Sunray:—
CENTRAL CLINIC ST. MARTIN'S HOUSE
Tuesday and Friday: afternoon
Dental:—
CENTRAL CLINIC PRINCESS STREET
Daily: morning and afternoon
zany i monning and arternoon
SPECIALIST CLINICS MAINTAINED BY THE RECIONAL
HOSPITAL BOARD
By Appointment
by Appointment
CHEST CASES CHESTER CITY HOSPITAL
CARDIAC CHESTER ROYAL INFIRMARY

OTHER SPECIALIST CLINICS

ORTHOPAEDIC OPTHALMIC

EAR, NOSE & THROAT ...

SURGICAL ...

PAEDIATRIC

PSYCHIATRIC

CHESTER ROYAL INFIRMARY

CHESTER ROYAL INFIRMARY
CHESTER ROYAL INFIRMARY

CHESTER ROYAL INFIRMARY

CHESTER ROYAL INFIRMARY

CHESTER ROYAL INFIRMARY

By Appointment

CHILD GUIDANCE NOTRE DAME CHILD GUIDANCE CLINIC, LIVERPOOL





